



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FILED

06 AUG 29 PM 3:12
COUNTY CLERK
SABAL DAUGH
MICHIGAN

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 5 01 06 to 7 23 2006
Mo Day Year Mo Day Year

1. Committee I.D. Number 137744	4. Candidate Last Name GLASS First Name KIRK M.I. F.
2. Committee Name CTE KIRK GLASS	4a. Office Sought Including District # or Community Served (If applicable)
	4b. County of Residence
5. Committee's Mailing Address 5985 COTTER STERLING HILLS, MI 48314 Area Code and Phone 248-225-2206	6. Treasurer's Name & Residential Address SAME AS ABOVE Area Code & Phone ()
7. Treasurer's Business Address SAME AS ABOVE Area Code and Phone ()	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) SAME AS ABOVE Area Code and Phone ()

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus Month Day Year	9c. <input type="checkbox"/> Annual Statement (Coverage Year) 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper: KIRK E. GLASS, Signature: [Signature], Date: AUG 29 06
Candidate: KIRK E. GLASS, Signature: [Signature], Date: AUG 29 06



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137744
2. Committee Name CTE Kirk Glass

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-1-2006</u> Name: <u>Kirk Glass</u> Address: <u>5985 Cotter, Sterling HTS, MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Area Manager</u> Employer <u>Hi-Watt / 2 candidate</u> Business Address <u>34271 James Pumphrey, Fraser, MI 48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$100.00	\$100.00
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-17</u> Name: <u>Carol HOGAN</u> Address: <u>3978 N. Monardock Rd. Hernando Florida, 34442</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>Retired - same as above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$200.00	\$200.00
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-17</u> Name: <u>Kirk Glass</u> Address: <u>5985 Cotter, Sterling HTS, MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Area Manager</u> Employer <u>Hi-Watt / candidate</u> Business Address <u>34271 James Pumphrey, Fraser, MI 48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$300.00	\$400.00
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		600.00	

Enter this total on
line 3 of Summary
Page.



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

137744

2. Committee Name

CTE Kink Glass

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name HARRIS HUNTINGTON BANK Address VAN DYKE, STEALING HBS, MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>checking set up -</u> <u>Printing 2 Bank checks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6-1-06	25.29
Expenditure #2 Name VISTA Print Address 8877 INKSTER RD TAYLOR, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAGNETS - BUSINESS CAR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-11-2006	59.44
Expenditure #3 Name ID GRAPHICS Address P.O. Box 489 West Chicago, IL 60186 <input type="checkbox"/> Fund Raiser	Purpose: <u>POLITICAL SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-12-2006	226.55
Expenditure #4 Name VISTA Print Address 8877 INKSTER RD TAYLOR, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARD/MAILERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-24-2006	116.94
Expenditure #5 Name ID GRAPHICS Address P.O. Box 489 West Chicago, IL 60186 <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-24-2006	75.00

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

503.22

Enter this total
on line 8a of
Summary Page